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Institute of Medicine Updates Recommendations for Vitamin D

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Pike County Health Department

The Institute of Medicine (IOM) has rolled out new dietary reference intakes (DRIs) for vitamin D. The DRI for vitamin D was first set in 1997 at 200 IU/day for people age 0-50 and at 400 IU for adults 51 and older. The recommendations released on November 30, 2010 raise the DRI to 600 IU/day for people age 1-70 years and up to 800 IU/day for people who are 71 years or older.

So where is the recommendation for infants, you may be wondering? This IOM report has been released just 2 years after the American Academy of Pediatrics revised their clinical report, "Prevention of Rickets and Vitamin D Deficiency in Infants, Children, and Adolescents." The AAP had revised their guidelines from recommending infants being supplemented with 200 IU/day of vitamin D starting at 2 months of age to recommending that all infants, children, and adolescents should receive 400 IU/day beginning in the first few days of life. The IOM report supports the AAP's recommendation for infants, calling it an Adequate Intake (AI) level instead of a true RDA.

What about sunlight?

UVB light from the sun reacts with cholesterol in our skin to produce vitamin D. However, with vitamin D production depending greatly on time spent outdoors, skin pigmentation, season, cloud coverage, air pollution, body mass, geographical latitude, and use of UV protection, it is not safe or research-based to assume that Americans are receiving adequate levels of vitamin D from sunlight. Don't assume you are soaking up the vitamin D on your daily drive, either. UVB light cannot penetrate glass, so to get vitamin D, people have to actually be outside. With this in mind, the IOM



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made their recommendations for dietary vitamin D based on people receiving a minimal amount of sunlight.

So why bother?

Cod liver oil, providing 400 IU of vitamin D per teaspoon, became commonly used to treat and prevent childhood rickets in the 1960s. This practice sharply decreased the incidence of rickets. However, with few parents giving their kids cod liver oil and families spending most of their time inside, rickets has been on the rise, peaking in incidence between 3 and 18 months of age. Recent research has also linked vitamin D not only to bone health but also to the prevention of infections, autoimmune diseases, some forms of cancer, type 2 diabetes and even type 1 diabetes.

Why can't we just supplement mom?

For breastfed infants it is tempting to skip supplements and just supplement mom instead. Maternal supplements of 6,500 IU are needed to significantly raise breastfed infant serum levels and research is not yet available to support the safety to the mother of such a high dose on a continued basis. Therefore, the AAP concludes in their clinical report that at this time, it is safer to provide the smaller supplement to the infant.

How can infants receive vitamin D?

Exclusively and partially breastfed infants can be provided their dose of vitamin D through vitamin drops such as Poly-Vi-Sol, Tri-Vi-Sol, or a product called Just D, which provides vitamin D only. In the United States infant formulas are required to provide 400 IU of vitamin D per liter, so exclusively formula-fed infants receive their supplement through their formula.

What about children?

At age 1 year the IOM recommends that children need 600 IU of vitamin D/day. It is uncommon for American children to eat fatty fish daily, and it would take 6 cups of vitamin fortified cow's milk to meet this requirement. Once children are weaned from breast milk or formula, it is recommended that children have less than 3 cups of milk per day. Therefore, children over age 1 will continue to need a supplement. The IOM has set the upper intake level for vitamin D for 1-3 year olds at 2,500 IU per day, so parents need to follow dosing directions carefully to avoid over-supplementation.

WIC certifying professionals should encourage parents to consult their child's health care provider for supplementation recommendations if it is determined the infant or child is not receiving adequate dietary vitamin D.

New Staff in WIC Program Management Section

Rhonda Goff

Supervisor, Program Management Section

The Program Management Section of the WIC Program Welcomed New Staff in 2010:

Chris Farris, Procedures Development Coordinator, joined the team in July to assist with the statewide implementation of the new EBT system for the WIC Program. The new system is a great advancement for the program and Chris' expertise is much appreciated. He comes to us from the private sector and he and his wife are expecting a baby girl in March of this year.

Traci Hayden, Program Investigative Officer II, joined the team in August to assist with new staff training, field representative coordination and policy and procedure

development. She has over 20 years of experience with state government and is enjoying the new challenge.

Tim Dean, Human Services Surveyor, came to the WIC Program in December as the Field Representative for the North/Central Area of the state. He comes to us from OIG and has a wide variety of experience. He is looking forward to meeting everyone in the coming year.

The Program Management Section is excited to welcome our new staff, and we look forward to working with Local Health Department staff in 2011!

Clinic Management System/Electronic Benefits Transfer Rollout

The CMS/EBT system was originally piloted in Barren County in the Barren River District area. Currently the system includes:

- Sites—40
- WIC Participants—27,303
- EBT Households—23,105
- Retailers—199, with 58 Wal-Mart stores that are live across the state
- Retail transactions (2 weeks ago) - 712,554
- Dollar amount of transactions—over \$8 million

The rollout of CMS/EBT systems is scheduled for completion by the end of the calendar year 2011. A tentative schedule was originally provided to all agencies with a notation that “Dates are subject to change.” There is a possibility that your agency may be contacted sooner (or later) than the timeframe on the rollout schedule. The Lake Cumberland District is rolling out in February. After Lake Cumberland has completed their rollout phase, Estill, Laurel, Whitley, Knox, Woodford, Mercer, Boyle, Garrard and Lincoln will be rolling out in March. The next agencies slated for training and implementation are Cumberland Valley District Health Department and Kentucky River District Health Department.

The following process is used when working with each agency to plan for implementation:

- WIC Coordinator is contacted and provided dates for training. Training is provided classroom style to view the system and lasts approximately two (2) days.
- Once training dates are confirmed, the WIC Coordinator is contacted and provided proposed dates for implementation.
- WIC Coordinator is responsible for informing appropriate staff of rollout efforts and confirming implementation dates with the State WIC Office.
- Once implementation dates are confirmed, WIC Coordinators are provided the CLINIC IMPLEMENTATION GUIDE and EBT materials are distributed to each site.
- A “pre-implementation visit” is made by WIC staff to ensure the clinic is prepared for implementation.
- CDP training staff will be scheduled on-site at the clinic on the day of implementation.
- Follow-up support is provided upon request to LHDs after implementation.

To prepare for data conversion from one system to another, clinics must ensure that all appropriate documentation is entered in the automated growth chart and automated risk system. Policy for this procedure is outlined in the PHPR, WIC Automated Risk, page 31.

- If system is down, information must be entered as soon as possible after the system becomes available.
- If a clinic has not been utilizing the automated risk system and has continued to use paper WIC-75s and growth charts, the information must be entered into the automated system. The automated system is required for WIC growth charts and risk. Failure to comply with this requirement may result in data conversion complications for clinics.

The following equipment needs should be surveyed:

- A label printer (Zebra) needs to be accessible for in-take and out-take personnel;
- A laser printer needs to be accessible for in-take and out-take personnel, for printing system-generated VOCs, WIC-54s (when applicable).
- A laser printer needs to be accessible to health professionals for printing the growth chart, automated WIC-75s and WIC-53s (when applicable).

The equipment assessment needs to be done at each individual site. Please let us know if you need assistance with this equipment.

The State WIC office, in partnership with Local Health Operations and Custom Data Processing, looks forward to working with you in this exciting endeavor.



Dates to Remember

March 15, 2011

**Breast Pump Training
Videoconference**

This training will educate Local Health Department certifying health professionals on the types of electric breast pumps WIC can issue to breastfeeding clients. After this training, participants will be able to correctly educate/instruct clients on the appropriate use of hospital grade and single user breast pumps. Participants will be able to assess problems clients encounter with electric breast pumps. Please visit <https://ky.train.org> for more information and to register for this videoconference.

March 21-25, 2011

**Lactation Counselor Certificate Training Program
Louisville, Kentucky**

The Center for Breastfeeding will hold this course, which will provide comprehensive breastfeeding education and 45 Contact Hours for RNs and RDs. For more information, please go to www.healthychildren.cc or call (508) 888-8044.

April 13, 2011

**Breastfeeding Summit
Kentucky International Convention Center, Louisville**

The state breastfeeding plan will be presented. Speakers will present on breastfeeding and obesity and supporting breastfeeding at a local agency.

May 1-4, 2011

**National WIC Association (NWA) 2011 Annual Education
and Networking Conference & Exhibits
Hilton Portland & Executive Tower Hotel
Portland, Oregon**

This conference offers a terrific opportunity to learn new skills and network with colleagues and peers, public health professionals and technical experts from a variety of fields and excellent speakers who will engage you during the plenary and concurrent sessions, as we strive to make WIC the best public health nutrition program ever. It is also an opportunity for you to meet with a number of exhibiting vendors who offer products and services that are WIC-specific. For questions about this conference, please contact NWA's National Office at 202-232-5492.

May 18

WIC Coordinator Videoconference

The WIC Coordinator videoconference is a staff meeting to train and discuss WIC Program administration, changes and implementation strategies. The target audience for these videoconferences includes WIC Coordinators, Breastfeeding Coordinators and Nutrition Education Coordinators. We will notify you closer to the date regarding the plans and agenda for the conference call.

Please mark your calendar for the next scheduled WIC Coordinator Videoconference on September 21, 2011.

Your WIC Contacts in Frankfort

Branch Office

General questions regarding Nutrition Services and the WIC Program
(502) 564-3827, Option 5

Program Operations

Income Eligibility and Administrative Policy and Procedures
(502) 564-3827, Option 4

Vendor Section

Vendor related questions and applications
(502)564-3827, Option 3

Food Delivery/Data Section

Help desk, stop pays, computer issue, auto-dialer, printer and printing problems
(502) 564-3827, Option 1

Clinical Nutrition Section

Special formula approvals, breast pump rentals and nutrition education
(502) 564-3827, Option 2



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WIC is a registered service of the U.S. Department of Agriculture
for USDA's Special Supplemental Nutrition Program for
Women, Infants and Children.

